

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sml		12/16/99
O.I.P.E. CLASSIFIER		49	12/17/99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-1694	1-18-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
2	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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